### CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

	eport CANDIDATE 1.	COMMITTEE 2. LOBBYIST 3.				
Name of Filing Committee, Candidate or Lobbyist:		[4] 图式是"数" ( 图图 2章 2数 )				
Friends of Mary Ellen Koval						
523 N. Carlisle St.	State:	Zip Code:				
Allentown	IPA	18109 -				
TYPE OF 6TH TUESDAY 1. 2ND FRIDAY PRE-PRIMARY PRE-PRIMARY	2. 30 DAY 3. POST PRIMARY	AMENDMENT YES NO NO				
(place X to PRE-ELECTION 4. 2ND FRIDAY PRE-ELECTION	5. 30 DAY 6.	TERMINATION YES NO				
the right of ANNUAL 7. YEAR	FILING METHOD  ( ) CHECK ONE	PAPER X DISKETTE				
Name of Office Sought by Candidate:  Controller, City of Allent	DATE OF ELECTION MO, DAY YEAR  11 08 2011	District Office Party County Number Code Code Code  OTH DEM 39  (SEE INSTRUCTIONS FOR CODES)				
	11/06/2011	FOR OFFICE USE ONLY				
Summary of Receipts and Expenditures from:	MO. DAY YEAR  TO 1,1 28 2011					
A. Amount Brought Forward From Last Report	\$ 1758.00					
B. Total Monetary Contributions and Receipts (From Schedul	e 1) \$ 2000.00					
C. Total Funds Available (Sum of Lines A and B)	\$ 3758.50					
D. Total Expenditures (From Schedule III)	\$ 1916.51					
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1841. 43					
F. Value of In-Kind Contributions Received (From Schedule	11) 8 - 0-					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 3600.00					
AFF PART I - If this is a Committee report, treasurer sign here	IDAVIT SECTION 3. If this is a Candidate report, car	ndidate sign here.				
I swear (or affirm) that this report, including the attached schedules correct and complete.	on paper or computer diskette, are to the	e best of my knowledge and belief true,				
Sworn to and subscribed before me this	Tal Det	Pace D				
day of Mecentur 20 1		Person Submitting Report				
Signature	- } Paul D. T	Da Vascki rinted Name				
My commission expires 12 15 2013  MO. DAY YR.	Area Code	262-9710 Daytime Telephone Number				
This is a report of a Candidate's Authorized	Committee, candidate shall sign here					
TO SYNTHE (or Zifirm) that to the best of my knowledge and belief this						
subscribed before me this	7. 217					
as day of Alcember 20/1	M. L. Kova	L				
SO DE SE TURN Y DEASON	M.E. Kov	ure of Candidate				
Signature  1.5 Option  1.5 Opt		rinted Name 432-1932 Daytime Telephone Number				
rie E	A CHANGE WITH SHOULD BE SHOULD BE SHOULD BE	Setting Letablishe Milliost				

#### SCHEDULE I

PAGE 2 OF 12

#### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	KINNAN MIRANG IN MARKET RANGE	Reporting Period
Friends of Marc	Ellen Koval	From 10 25 2011 To 11 28 2011

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	R CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ _ 0 -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		<b>美国发展工程工程</b>
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part B)	\$	400.00
TOTAL for the Reporting Period (2	) \$	400.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	· · · · · · · · · · · · · · · · · · ·	
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	1100,20
TOTAL for the Reporting Period (3)	\$	1630.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, I	ETC	C. (FROM PART E)
TOTAL for the Reporting Period	(4)	\$-0-

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 2,000.9
---	------------

PART A

#### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate		)		Reporting		**************************************
Friends of Mary	Friends of Mary Ellen Koval			From 10	plasi	1105/8/6/11 ot 1105
7			201431	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u>.</u>				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	watermensormal water and a service of
			71.0.	HEADAILS.	I LEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
		7 <del>4</del>				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Ψ
					TESN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	2
			11110	DAT	I EAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
Full Name of Contributing Committee			MO	DAY	VEAR	\$
			The state of the s		LLAD	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	- II
100000000000000000000000000000000000000		_				\$
Enter Grand Total of Bont A on Co	hadula I	Detailed Committee		0	4	PAGE TOTAL
Enter Grand Total of Part A on Sc	nedule I,	Detailed Summai	ry Page	, Sectio	n 2.	\$
DEED EAR /7 (A)						

#### PART B **ALL OTHER CONTRIBUTIONS**

4 12

Reporting Period

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Friends of Mary Ell	en	Roval		From <u>10</u>	125/2	2011 TON /28/2011
				DATE		AMOUNT
William J. Hoffman			MO.	DAY	-	\$ 20000
William J. Hottman Mailing Address	-	74	) O	25 DAY	QO11	* 200
1518 W. Pennsylvanio	2 5	54.	- INIO:	DAI	IEM	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Alentown	IPA	18102 -1039				\$
Pull Name of Contributor		THE OF STREET, STREET, STREET,	MO.	DAY	YEAR	60
Full Name of Contributor Werbach Mailing Address			11	15	2011	\$ 2000
P & 18 04 3 C A			MO.	DAY	YEAR	\$
P.O. Box 352	State	Zip Code (Plus 4)	- Inches			-
Red Lion	PA	17356-0352	MO.	DAY	YEAR	\$
Full Name of Contributor	1110	111226 022	MO.	DAY	YEAR	Carlo
			MID.	UATE	TEMB	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		=				\$
Full Name of Contributor			MO.	DAY	YEAR	¢
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	145	No.	SE W	
			MO.	DAY	YEAR	\$
Full Name of Contributor	-	NO. THE RESERVE OF THE PARTY OF	MO.	DAY	YEAR	
			1100	- CAI	J.CAB	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	16
OND THE RESIDENCE OF THE PARTY	40					\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			- ANO	0.14	VEAD	*
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		==			1,500	\$
Full Name of Contributor	AND AND AND ADDRESS OF THE PARTY OF THE PART		MO.	DAY	YEAR	and the state of t
W-112						\$
Mailing Address			MO.	DAY	YEAR	¢
City	Cinta	2. 0 1 15 11				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>#</b>
Full Name of Contributor			-			\$
Tan Raine of Synth Dates			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					San Chapter	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
		A STATE OF THE STA			ALL PROPERTY OF	PAGE TOTAL
Enter Grand Total of Part B on Sched	lule I.	Detailed Summar	v Pade	Section	, ,	\$ 4.00
)SER-502 (7-99)	- **		,	224101	• • •	+ 100

Name of Filing Committee or Candidate

PART C

#### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

12

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	. )	Reporting		. [
Friends of Mary Ellen	Koval	From 1	0 25	2011 70 11/28 2011
		DATE		AMOUNT
Roofers Local 30 PAC		MO. DAY	QO 11	\$ 500 00
6447 Torresdale Ave		MO. DAY	YEAR	\$
Philadelphia PA		MO. DAY	YEAR	\$
Full Name of Contributing Committee		MO. DAY	YEAR	\$
Mailing Address		MO. DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	
	_		ACT DESCRIPTION	\$
Full Name of Contributing Committee		MO. DAY	YEAR	\$
Mailing Address		MO. DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee		MO. DAY	YEAR	rh
Mailing Address	WATER TO A STATE OF THE STATE O	MO. DAY	YEAR	\$
City	VI. 6.3. 181 A			\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee		MO. DAY	YEAR	\$
Mailing Address		MO. DAY	YEAR	\$
City	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee	A STATE OF THE STA	MO. DAY	YEAR	
Mailing Address		Biological and the Control		\$
		MO. DAY	YEAR	\$
City	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee		MO. DAY	YEAR	\$
Malling Address		MO. DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee		MO. DAY	YEAR	
Mailing Address		MO. DAY	YEAR	\$
		STAMULTON STOPALIST	TEAN	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
				PAGE TOTAL 00
Enter Grand Total of Part C on Schedule I	Detailed Summar	v Pena Sartin	n 3	s 500°

#### **ALL OTHER CONTRIBUTIONS**

6 12

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
Friends of Mary Ellen Koval	From 10 25 2011 To 1. [ 28 2011
	DATE AMOUNT
Full Name of Contributor  Win Ella Kasai	MO. DAY YEAR \$ 1105. 35
May Ella Kosal  Mailing Address  S38 No. Columner St.	MO. DAY YEAR \$
City State Zip Code (Plus	
Allason PA 15139 - Employer Name	S Occupation
Ch of Alvelon Employer Mailing Address/Principal Place of Business	Predmin
Employer Mailing Address/Principal Place of Business  435 6- Noun 52 Muchan PA (812)	
Full Name of Contributor	MO. DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus	
Employer Name	Occupation \$
Employer Mailing Address/Principal Place of Business	
Full Name of Contributor	MO, DAY YEAR \$
Meiling Address	MO. DAY YEAR \$
City State Zip Code (Plus	
Employer Name	Occupation
Employer Mailing Address/Principal Place of Business	
Employer Meaning Adolessor Findipal Flace of Business	
Full Name of Contributor	MO. DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus	MO. DAY YEAR \$
Employer Name	Occupation
Employer Mailing Address/Principal Place of Business	2.500
Employer Waiting Address/Frincipal Place of Business	
Full Name of Contributor	MO. DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus	MO DAY YEAR
Employer Name	\$ Occupation
Employer Mailing Address/Principal Place of Business	-0
	PAGE TOTAL

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

# OTHER RECEIPTS

7 12

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate		7	Repor	ting Period	1
Friends of Mary Ell	en K	oval	Fro	m 10/25/20	110s/88/110T 110
7					
Full Name					
Mailing Address					10.1.00
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	Amount \$
Receipt Description	*				
Full Name					
Mailing Address		HACKION III - I I I I I I I I I I I I I I I I			
City	State	Zip Code (Plus 4)	Mo. D	AY YEAR	Amount \$
Receipt Description	111				
Full Name	trans a which we			NAME OF TAXABLE	<del>e de la composition de la com</del>
Mailing Address		and the second			
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	Amount \$
Receipt Description			11		
Full Name	55(/1.10//.20#1.)				aya aha ka cili ka aya aya a
Mailing Address					
City	State	Zip Code (Plus 4)	MO.	YEAR	Amount \$
Receipt Description		(IIII   III   III	1		
Full Name		CHARLES N. AND CO.		TW-104164-TT- H-2	
Mailing Address					
City	State	Zip Code (Plus 4)	MO   - C	AY YEAR	Amount \$
Receipt Description			J		
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. C	DAY YEAR	Amount \$
Receipt Description					
	BELLEVILLE WAS	SET CAN HE SHARE THE	ORDA PERMIT	albert Plane i en	PAGE TOTAL
Enter Crand Tatal of Best E on Cabo	dara in pa				# A

SCHEDULE II

PAGE 8 OF 12

#### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Per	iod
Friends of Mary Ellen Koval	0) 100	5/2011 7011/28/2011
	Control to Section 1	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FROM	PART F)
TOTAL for the Reporting Period	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	
TOTAL for the Reporting Period	-56 /-7 /51 /16	<ul><li>(元) 医(水) (水) (水) (水) (水) (水) (水) (水) (水) (水)</li></ul>
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$

# SCHEDULE II PART F

9 12

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period	. 1
Friends of Mary Elle	en Koval	From 10 25 2	1011 LOI 182 15011
1		DATE	F.MOUNT
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
			\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		II	Lame
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
			\$
City	State Zip Code (Plus 4)	MO: DAY YEAR	\$
Description of Contribution:		J	
Full Name of Contributor		MO. DAY YEAR	
7 Walle of Botto Batto		MO. DAT. JEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	Ψ
	Elp bode find of	MO. DAY YEAR	\$
Description of Contribution:	*		
Full Name of Contributor		MO. DAY YEAR	
		1273	\$
Mailing Address		MO. DAY YEAR	\$
Cîty	State   Zip Code (Plus 4)	MO. DAY YEAR	
	=	311 11311	\$
Description of Contribution:			
Full Name of Contributor		MO. DAY YEAR	A CONTRACTOR OF THE STREET
			\$
Mailing Address	*	MO. DAY YEAR	\$
СНУ	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			4
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	4
and the second		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			
1 4 10 10 10 10 10 10 10 10 10 10 10 10 10			
Enter Grand Total of Bert C on Colonia		iona Datation	PAGE TOTAL
Enter Grand Total of Part F on Schedu Summary Page, Section 2.	use II, In-King Contribut	ions Detailed	\$ (

#### SCHEDULE II PART G

## IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate		3	TF	Reporting		1
Friends of Mary Ell	ien t	roval		From 10	25	1100 8211101 1100
				DATE		AMOUNT
Full Name of Contributor		***************************************	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
сну	State	Zip Code (Plus 4)	мо,	DAY	YEAR	\$
Employer of Contributor		-	Occupat	ion		•
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	11		Occupat	ion		•
		out and the state of the state				
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor		**************************************	MO.	DAY	YEAR	\$
Mailing Address		**************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Employer of Contributor	1	:#:	0			\$
Employer of contributor			Occupat	ion		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Cantributor			MO.	DAY	YEAR	\$
Mailing Address		····	мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	- DAY -	YEAR	\$
Employer of Contributor		<del>=</del> ;	Occupat	ion		<b>1</b>
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				79.270 		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor	and the second		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor		-	Occupat			\$
			Goodpat	IMII		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Branch Charles To the Control of the	A RESIDENCE				X4 KH GE LY	PAGE TOTAL
Enter Grand Total of Part G on Sche Summary Page, Section 3.	dule II	, in-Kind Contribu	itions D	etailed		\$

DSEB-502 (7-99)

#### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		`		orting i		, 1
Friends of Mary Elle	n H	oval	Fr	rom LD	वड ब	011 7011 28 2011
L.V. Print Center			мо. 10 а	DAY 28	2011	Amount \$ 416 57
Mailing Address 1337 N. Nelson St.			Print	of Expe	nditure evials	s + Mailings
Allentown	State PA	Zip Code (Plus 4) 18109 -				3
L.C.D.C.			мо.	14	YEAR 2011	\$ 1500 00
P.O. Box 33			Description	of Expe	nditure	
Allentown	State	Zip Code (Plus 4) 18105 -				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	of Expe	nditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	of Expe	nditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	SYEAR	Amount \$
Mailing Address			Description	of Expe	inditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	of Expe	inditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	of Expe	enditure	Resident and the second and the seco
City	State	Zip Code (Plus 4)				The state of the s
Enter Grand Total of Expenditures on Pa	qe 1.	Report Cover F	age, Iten	n D.	A CONTRACTOR OF THE PARTY OF TH	PAGE TOTAL 57
minima illa contra de mediant fait sant ang. Alt 1 m	J- 1/		-3-, ,,,,,,			41410

# STATEMENT OF UNPAID DEBTS

72 OF 72

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate		Report	ing Period	
Friends of Mary Ellen Ko	vo l	From	10/25/2	011 TOI 1/28 2011
Thereson many chien to	VW1			THE RESERVE OF THE PARTY OF THE
Name of Creditor  Mary Ellen Koval  Mailing Address			WA	Outstanding Balance of Debt \$ 2500
523 N. Carliste St.	DATE DEBT INCURRED	Mo. DA	2011	
Allentown		PA 1810	ode (Pius 4)	
Loan to Start Campaian		1 34		
Name of Creditor  Naty Ellen Koval  Mailing Address	Maria Maria Santa Sa			Outstanding Balance of Debt
Mailing Address 523 N. Carliste St.	DATE DEST INCURRED	MO. DA	2011	
Allentown		State Zip C	ode (Plus 4)	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Malling Address	DATE DEBT INCURRED	MO: DA	Y YEAR	
City		State Zip C	ode (Plus 4)	
Description of Debt				
		TA 000000000000000000000000000000000000		
Name of Creditor		74 W 7 COL 11 W 7 COL 11		Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO. DA	Y YEAR	
Malling Address City	DEBT		Y YEAR ode (Plus 4)	
Malling Address	DEBT			
Mailing Address  City  Description of Debt  Name of Creditor	DEBT			
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT	State Zip C		\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED	State Zip C	ode (Plus 4)	\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT INCURRED	State Zip C	ode (Plus 4)	\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED	State Zip C	ode (Plus 4)	S  Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT	State Zip Co	ode (Plus 4)	\$ Outstanding Balance of Debt \$
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED	MC. DA State Zip C	Y YEAR	S  Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT	MC. DA State Zip C	Y YEAR  ode (Plus 4)	S  Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT	MO. DA  State Zip Co  MO. DA  State Zip Co	Y YEAR  one (Plus 4)  Y YEAR  one (Plus 4)	S  Outstanding Balance of Debt  Outstanding Balance of Debt

#### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	•					ORT FILED	CANDI	DATE	$\mathbf{x}^{T}$	COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMM			Elle	~ K	)						11		
STREET ADDRESS		arlist	1										
523 h	1	arnsi	6 21		STAT	- 4			ZIP COOI				-
Allen	tou	ME OF OFFICE SOU	SUT OV CANDIDAT	·E·		DISTRICT N	O. PART		181	THE RESERVE	e or e	LECTION	eres
TYPE OF REPO (CHECK ONE)	KI			_						MO.	DAY	YE	AR
6TH TUESDAY PRE-PRIMARY	1. (0	introller, (	0	YEAR	town	DAY YEA		EM	L	FOR	OFFICE U	SE ONLY	1
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD	10 25 6			28 20							
30 DAY POST-PRIMARY	3.	CASH BAL	ANCE AT END										
6TH TUESDAY PRE-ELECTION	4.		TING PERIOD: OUNT OF FILE		\$		)	-					
2ND FRIDAY PRE-ELECTION	5.		ING DEBTS O			_0	)	-					
30 DAY POST-ELECTION	6.		AMENDMENT REPORT?	YES	NO	x							
	100			+-+		/-							
REPORT	7.		TERMINATION REPORT?	YES	NO	X							
REPORT					FIDAVIT	X SECTIO	N						
PART I - If statement is If statement is If statement is	filed on filed on filed on filed on that the	behalf of a <u>Ca</u> behalf of a <u>Co</u>	litical Comm ndidate, the ntributing Lo	AFI  dittee or Candidobbyist,	Candida late must the Lobb	tes's Cor sign her yist mus	nmittee e. t sign h	ere.	ING PER	RIOD INDIG	ATED ARC	WE DID NO	T
PART I - If statement is If statement is If statement is I SWEAR (OR AFFIL EXCEED TWO HUN SWORN TO	filed on filed on filed on pred and subscript	behalf of a Ca behalf of a Co se aggregate reci ifty dollars (\$25 cribed before Me	REPORT?  litical Comm ndidate, the ntributing Lo  EIPTS OR DISBURS 0.00) AND THIS F	AFI  Candio  bbbyist,  EMENTS OREPORT IS	Candida late must the Lobb	tes's Cor sign her yist musi INCURRED D TOF MY KNO	mmittee e. t sign ho uring the	ere.	ING PEI	RIOD INDICA	ATED ABO	WE DID NO	Ţ
PART I - If statement is If statement is If statement is I SWEAR (OR AFFII EXCEED TWO HUN SWORN TO	filed on filed on filed on the filed on the filed on the filed on the filed and filed and subscaped and subscaped filed on the filed on	behalf of a Cabehalf of a Cobehalf of a Cobe	REPORT?  litical Comm ndidate, the ntributing Lo EIPTS OR DISBURS 0.00) AND THIS E	AF inittee on Candidobbyist, SEMENTS CREPORT IS	Candida date must the Lobb	tes's Cor sign her yist must INCURRED D TOF MY KNO SIG	mmittee e. t sign houring the	ere. REPORT	ING PEI	RIOD INDICATED TO THE PROPERTY OF THE PROPERTY	ATED ABO	WE DID NO	ī
PART I - If statement is If statement is If statement is I SWEAR (OR AFFII EXCEED TWO HUN SWORN TO	filed on filed on filed on the filed on the filed on the filed on the filed and filed and subscaped and subscaped filed on the filed on	behalf of a Cabehalf of a Cobehalf of a Cobe	REPORT?  litical Comm ndidate, the ntributing Lo EIPTS OR DISBURS 0.00) AND THIS E	AF inittee on Candidobbyist, SEMENTS CREPORT IS	Candida date must the Lobb	tes's Cor sign her yist must INCURRED D TOF MY KNO SIG	mmittee e. t sign houring the	ere. REPORT	ING PEI	RIOD INDICATED TO THE PROPERTY OF THE PROPERTY	REPORT	WE DID NO	ī
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PART I - If statement is If swear (or affile exceed two hun SWORN TO OMY COMMIS OMY COMMIS  COMMY COMMIS  APPLIA  OF DIVINE 3, 19  OF DIVINE 3, 19	filed on filed on filed on filed on filed on filed and subscious filed on f	behalf of a Cabehalf of a Cobehalf of a Cobehalf of a Cobehalf of a Cabehalf of a Cabe	REPORT?  litical Commundidate, the ntributing Local Commundidate, the ntributing Local Commundidate, the ntributing Local Commundidate, and this results of the normal Commundidate of the ntribution of the ntrib	AFI  Inittee of Candidobbyist, SEMENTS CREPORT IS  20 //	Candida late must the Lobb R LIABILITIES TO THE BES	tes's Corsign her sign her sylst must must must must be cornered to the state of th	nmittee e. t sign h uring the endidate	ere.  REPORT  REPORT  NO BEUE  PRINTI  OA  MATURE	ING PEL TRUE  ON SUIT  ON SUIT	BMITTING INDICATE  PROVISION  NOTE: The series of the seri	REPORT	MACETE.	),